

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
NAME OR ADDRESS CHANGE FORM

For **NAME/ADDRESS CHANGE**, fill out this form and submit copy of identification with your current name and social security number. For name change you must send documentation showing the change. (For example, a copy of your social security card with current name, Marriage License or Divorce Decree, whichever applies).

Social Security Number: _____-_____-_____ Birthdate: _____-_____-_____ Sex: M ___F___

Name: _____
(Last) (First) (MI)

Other Names Used: _____

Current Mailing Address: _____
(Street) (City/State) (Zip)

Phone Number (Home) () _____-_____ (Work) () _____-_____

I hereby attest that the information provided on this form and any attachments are accurate to the best of my knowledge.

Signature _____

Date _____

Return completed form and attachments to:

Health Occupations Credentialing
612 S Kansas Ave
Topeka, KS 66603-3404

Web site: www.kdads.ks.gov

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